

## APPENDIX C

### Seattle – King County Department of Public Health CERTIFICATE OF DESTRUCTION AND WAIVER

Name of Establishment: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

I, \_\_\_\_\_ hereby certify that I am the owner or person  
in charge for the owner of the food described as follows:

\_\_\_\_\_  
(Give full description including amounts, codes, and brand names)

\_\_\_\_\_

\_\_\_\_\_

located at \_\_\_\_\_  
(Accurate description of location on date specified)

\_\_\_\_\_  
(Date)

This food is suspected of being contaminated, a threat to the public health, and in violation of  
the King County Food Code. The food was voluntarily removed from human food channels by my  
action today. The above food was in violation because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Disposal of this food was accomplished in the following manner:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby waive all rights to title, interest or compensation lost or affected by the above-described action.

**FOOD SERVICE ESTABLISHMENT:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_  
(Name) (Title)

Disposal of this food as described above was witnessed by me and has now been completed.

\_\_\_\_\_  
EHS Date Time

\_\_\_\_\_

#### DISTRICT HEALTH CENTERS

##### DOWNTOWN

401 – 5<sup>TH</sup> Ave, 11<sup>th</sup> Fl.  
Seattle, WA 98104  
(206) 296-4632 – Fax (206) 296-0188

##### BLACKRIVER

900 Oakesdale Ave. SW #100  
Renton, WA 98057  
(206) 296-9791- Fax (206) 296- 4919